## 2019 ISPAD "Allan Dash" Clinical Fellowship Report

Recipient: Ayesha Ahmad

Duration of the program: 1<sup>st</sup> November, 2021 to 10<sup>Th</sup> December 2021

Host Center: Barbara Davis Centre for Diabetes

Mentor: Dr. Guy Todd Alonso

It was indeed a great learning experience in the 6-weeks I spent at Barbara Davis Diabetes Centre. Right from the start at the award of the Allan Darsh Clinical Fellowship (special thanks to all the great people at ISPAD making it happen), everything was arranged and sorted out seamlessly. The start dates had to be modified continuously due to the disruptions and restrictions in travel due to COVID19, the COVID19 duties at my University Hospital back in India, but Dr Alonso and his staff were understanding and helped me out with the continuous revision of the schedule.

My stay at the Barbara Davis Centre was a mix of clinical and research experiences. I had exchanged notes with Dr. Alonso and his team prior to starting the program, so as to be clear on the learning objectives and experiences. With the increasing availability of the newer technologies in the field of Type 1 Diabetes, the main purpose was to attain optimal clinical expertise in a specific field of pediatric diabetes and have a "first hand feel" and experience with all the innovative diabetes technologies. In the 6 weeks of my stay at the Centre, I had the opportunity to have clinical, research and technology experiences. The day started with attending the outpatients' and observing how the patient doctor interaction regarding the queries went. The amount of time spent in interaction with the patient and their family, the lucid explanation regarding the diabetes and the emphasis on follow-ups was done in a very easy manner and was always a "two-way" interaction. The emphasis on a multidisciplinary team was something which I intend to develop at my University hospital. The visit of the patient was always followed up with a detailed discussion. Dr Alonso was very proactive in his discussions regarding the treatment, continuous emphasis on patient education and compliance and how to plan the follow up. He also helped out in understanding the transition from paediatric to adolescence care and the issues that come with it and how to best manage them according to local cultural practices. I also attended the eye clinic and shadowed Dr. Bucca to learn to evaluate the eye disorders – retinopathy in type 1 patients.

The ward rounds helped me understand how to plan for a specialised paediatric endocrine set-up and also to experience first-hand the paediatric diabetes emergency protocols. I had the opportunity to see patients with pump issues, new onset diabetes patients and their follow-ups. The endocrine fellows were all very helpful in answering my queries and exchange interchange information and experience, especially how the difference in resource limited and resource available medical care.

The detailed explanation by the staff prior to initiating insulin and insulin pumps was something which was quite a learning experience. The diabetes educators helped me to understand the nuances of

working with the insulin pump and sensors and how to manage the settings. The best part was wearing the pumps and sensors on myself (special mention and thanks to Jean, Susan and Ellen, without whose help and cooperation it would not have been possible at all!)! I guess that is the best way to get an idea of how it feels to carry an insulin pump! I was able to be clear in my concepts and understanding of insulin pumps, their initiation, follow up and the handling the issues that may crop up.

I was encouraged to discuss about the endocrine practise is different here from the place I do my practice and how to best improve it. It was an endearing exchange of ideas as the uptake of pumps and sensors is quite low in my country compared to here. The discussion centred around costs, social demographics and the myths associated with insulin and adaptation of technology.

I learned from a consistent and uniform group of professionals, that ranged from medical staff to registered nurses, dieticians, physical assistants and administrative staff, all of whom are in tune with the fact that diabetes decision-making is important for the success of a diabetes unit. It is hard to do it without all the health-care professional support that I received at this clinic.

The best part of my stay was being the part of Halloween and the Thanksgiving! All the staff made me feel so much at home!